

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY**

1333 Main Street, Suite 200, Columbia, SC 29201
Voice: (803) 737-2260 Fax: (803) 737-2297

APPLICATION 3675

Date: _____

Name of Institution: _____ FAC: _____

Address of Institution: _____
Street City State Zip

Name of Contact: _____ Title: _____

Voice: _____ Fax: _____ E-Mail: _____

Type of Institution: ☐ Profit ☐ Non-profit ☐ Tax Supported

<u>Name of Program / Course (if Course Approval , Include Delivery Method)</u>	<u>Current Catalog Page Number</u> (or attach display)	<u>Effective Date</u> (mm/dd/yyyy)
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	
	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Withdrawn	

I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

Signature of Authorized Official

Printed Name

**SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION
SOUTH CAROLINA STATE APPROVING AGENCY (SC SAA)**

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ACADEMIC CATALOG/STUDENT HANDBOOK CHECKLIST AND CERTIFICATION

An authorized institutional representative should complete and sign this form. The form should then be returned to the SC SAA along with two copies of the school's current catalog and student handbook and any other document(s) referenced.

SCHOOL _____ CITY _____

CATALOG / BULLETIN DATES _____ HANDBOOK DATES _____

Programs listed in this catalog/bulletin are consistent in TIME and/or TITLE with those currently approved by the SC SAA. Yes ☐ No ☐ **If "NO", attach a 3675 or 3676 Application to revise the current listing.**

**Note: On each line below, specify the page number and the publication that contains the required information. For example, if volume number and date of publication are found on page 1 of the catalog, you would write "1-C"; if on page 1 of the handbook, write "1-H"...*

- _____ 1. Volume number and date of publication
- _____ 2. Names of school governing body, officials, and faculty
- _____ 3. Calendar showing beginning and ending dates of each term, holidays, and other important dates
- _____ 4. Policy for minimum entrance requirements
- _____ 5. Policy on granting credit for prior education
- _____ 6. Grading system (to include policy for removing Incomplete (I) grades)
- _____ 7. School's policy describing conditions under which a student's training/benefits would be interrupted:
a. probationary period if any _____, b. academic progress _____, c. unsatisfactory conduct _____
- _____ 8. Policy describing the conditions under which a student would be to allow a student to be re-instated or re-enrolled following interruption of training/benefits
- _____ 9. Policy concerning leave _____, attendance _____, and tardiness _____
- _____ 10. Statement of academic progress records maintained by the school and furnished to the student
- _____ 11. Graduation requirements
- _____ 12. Schedule of tuition and fees, and/or total cost of each course
- _____ 13. Policy describing pro-rata refund of tuition and fees as required by CFR 21.4255 (**for Non-Accredited Colleges/Universities Only**)

I certify that this CATALOG/HANDBOOK/BULLETIN is true and correct in content and policy.

Name of Authorized Institutional Representative (Printed) _____ (Signed) _____

Title _____ Telephone (____) _____

Date Signed _____

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SOUTH CAROLINA STATE APPROVING AGENCY**

1333 Main Street, Suite 200, Columbia, SC 29201
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INSPECTION REPORT 3675

Date: _____

Name of Institution: _____ FAC: _____

Address of Institution: _____

Street

City

State

Zip

Name of Contact: _____ Title: _____

Voice: _____ Fax: _____ E-Mail: _____

Type of Institution: ☐ Profit ☐ Non-profit ☐ Tax Supported

Accrediting(s) Agency or Association(s)

Program(s) (Degree or Certificate) submitted for approval

Recommendations: ☐ Approval ☐ Disapproval ☐ Pending

Signature of Authorized Official

Printed Name

Title

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SOUTH CAROLINA STATE APPROVING AGENCY**

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INSPECTION REPORT 3675

(Continued)

(To be completed by the SC State Approving Agency)

After investigation and inspection, the State Approving Agency (SAA) has determined that the institution and its Degree Program(s) meet the following criteria:

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. The SAA further certifies that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as directed. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Mail pieces |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Brochures |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representative of this institution during the preceding 12 – month period. |

Coordinator

**CONFLICTING INTERESTS CERTIFICATION FOR PROPRIETARY SCHOOLS ONLY****1. NAME AND ADDRESS OF INSTITUTION**

PURPOSE: This form informs individuals that the law has restrictions concerning any potential conflict of interests. (See certifications (1) and (2) below). These certifications not only apply to chapters 31 and 36 of Title 38, U.S.C., but also apply to the following programs administered by the Department of Veterans Affairs (VA):

- MGIB** Montgomery GI Bill-Active Duty Educational Assistance Program
(Chapter 30 of Title 38, U.S.Code)
- VEAP** Veterans' Educational Assistance Program (Chapter 32 of Title 38, U.S.Code)
- DEA** Dependents' Educational Assistance (Chapter 35 of Title 38, U.S.Code)
- MGIB-SR** Montgomery GI Bill-Selected Reserve Educational Assistance Program
- EAPP** Educational Assistance Pilot Program (Section 903 of Public Law 96-342)

(1) PROPRIETARY PROFIT SCHOOLS ONLY

The law prohibits employees of VA and the State Approving Agency (SAA) from owning any interest in an educational institution operated for profit. In addition, the law prohibits these employees from receiving any wages, salary, dividends, gifts, or services from private profit schools. These provisions may be waived if VA determines that no detriment will result to the government, or to veterans or eligible persons enrolled (38 U.S.C. 3683). Please list below those VA and SAA employees known by you who may have a potential conflict of interest under this provision. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

DESCRIPTION OF ASSOCIATION WITH SCHOOL

(2) ALL PROPRIETARY SCHOOLS

38 C.F.R. 21.4202(C) prohibits the approval of any veteran or eligible person in any proprietary school of which the veteran or trainee is an official authorized to sign certificates of enrollment or verifications/certifications of attendance, an owner or an officer. Please list below the names and VA file numbers (claim or Social Security Numbers) of any certifying officials, owners or officers of your school who receive VA educational assistance based on an enrollment in your school. If there are none, please enter the word "none."

NAME AND TITLE OF EMPLOYEE(S)

VA FILE NUMBER

DATES OF ENROLLMENT WITH YOUR SCHOOL

FROM

TO

I DO HEREBY CERTIFY that the entries above are true and correct to the best of my knowledge. I agree to immediately notify VA of any potential violations of the above prohibitions.

SIGNATURE OF PRESIDENT OR CHIEF ADMINISTRATIVE OFFICIAL OR SCHOOL

TITLE

DATE

**DEPARTMENT OF VETERANS AFFAIRS
STATEMENT OF ASSURANCE OF COMPLIANCE
WITH EQUAL OPPORTUNITY LAWS**

(hereinafter called the *Signatory*)

(Name of Organization, Institution, or Individual)

HEREBY AGREES THAT

it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), and all Federal regulations adopted to carry out such laws. This assurance is directed to the end that no person in the United States shall, on the ground of race, color, national origin (Title VI), handicap (Section 504), sex (Title IX, in education programs and activities only), or age (Age Discrimination Act) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity of the Signatory receiving Federal financial assistance or other benefits under statutes administered by VA (Department of Veterans Affairs), the ED (Department of Education), or any other Federal agency. This assurance applies whether assistance is given directly to the recipient or indirectly through benefits paid to a student, trainee, or other beneficiary because of enrollment or participation in a program of the Signatory.

The Signatory HEREBY GIVES ASSURANCE that it will promptly take measures to effect this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Signatory by VA or ED, this assurance shall obligate the Signatory, or in the case of transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. In all cases, this assurance shall obligate the Signatory for the period during which the Federal financial assistance is extended to any of its programs by VA, ED or any other Federal agency.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining Federal financial assistance, including facilities furnished or payments made under sections 104 and 244(1) of Title 38, U.S.C. Also, sections 1713, 1720, 1720A, 1741-1743, 2408, 5902(a)(2), 8131-8137, 8151-8156 (formerly 613, 620, 620(A), 641-643, 1008, 3402(a)(2), 5031-5037, 5051-5056 respectively) and 38 U.S.C. chapters 30, 31, 32, 35, 36, 82, and 10 U.S.C. chapter 106. Under the terms of an agreement between VA and ED, this assurance also includes Federal financial assistance given by ED through programs administered by that agency. Federal financial assistance is understood to include benefits paid directly to the Signatory and/or benefits paid to a beneficiary contingent upon the beneficiary's enrollment in a program or using services offered by the Signatory.

The Signatory agrees that Federal financial assistance or other benefits will be extended in reliance on the representations and agreements made in this assurance; that VA or ED will withhold financial assistance, facilities, or other benefits to ensure compliance with the equal opportunity laws; and that the United States shall have the right to seek judicial enforcement of this assurance.

THIS ASSURANCE is binding on the Signatory, its successors, transferees, and assignees for the period during which assistance is provided. The Signatory assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to its students or trainees in connection with the Signatory's programs or services are not discriminating against those students or trainees in violation of the above statutes.

The person whose signature appears below is authorized to sign this assurance.

(Date)

(Signature of authorized official)

(Title of authorized official)

(Mailing address)

POWER OF ATTORNEY CERTIFICATION

I certify that

(Name of Institution)

- ◆ Does not have a power of attorney to negotiate Department of Veterans Affairs (VA) educational benefit checks, and
- ◆ Does not use coercive procedures or practices to limit a veteran or other eligible person's disposition of the proceeds of a VA check, and
- ◆ Such checks are not stamped "For Deposit Only" to the school's account, or endorsed by the student "pay to the order of...(institution)" and signed , and
- ◆ Does not have a joint bank account with any VA student.

Print Name and Title of School Official

Signature

Date

Name of School

Street Address / PO Box

City, State, Zip

ADVANCE PAYMENT CERTIFICATION

☐ Our institution does not wish to participate in VA's advance payment program.

☐ Our institution agrees to participate in VA's advance payment program.

I certify that advance payment checks will be kept in a secure place, be given to the VA student upon registration, but not earlier than 30 days before the first day of class, and we will furnish verification of enrollment as prescribed by VA directives.

Print Name and Title of School Official

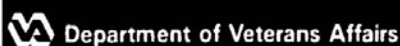
Signature

Date

Name of School

Street Address / PO Box

City, State, Zip



Department of Veterans Affairs

DESIGNATION OF CERTIFYING OFFICIAL(S)

PRIVACY ACT INFORMATION: We'll use the information on this form to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans or other eligible persons. We cannot take any further action on your claim for recognition as the certifying official until we receive the completed form (38 U.S.C. 3684). Your responses are confidential (38 U.S.C. 5701). They may be given outside VA only if authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register.

RESPONDENT BURDEN: You don't have to complete this form and VA can't require you to respond unless the form's OMB control number, 2900-0262, is valid. The OMB Internet Home Page (www.whitehouse.gov/OMB/index.html) shows the OMB Control Numbers for approved VA forms. However, we can't take any further action on you being recognized as the certifying official for your school or job training establishment unless you send the information requested on this form. Payments to veterans and other eligible persons may be delayed or stopped without this information. We estimate you'll need about 10 minutes to review the instructions and complete this form. Call 1-888-GIBILL1 (1-888-442-4551) if you have comments regarding this 10 minute estimate or any other aspect of this collection of information.

PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code)

FOR VA USE ONLY

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (Include Area Code)

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) (Include Area Code)

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)	(2)
(3)	(4)

C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:

NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			

6. REMARKS

It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.

7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL

8. DATE

PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.

VA FORM 22-8794
JAN 2002SUPERSEDES VA FORM 22-8794, APR 2000,
WHICH WILL NOT BE USED.

GENERAL INSTRUCTIONS

1. This form **MUST ONLY** be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.